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Family Life Experiences in Caring for Children with Leukemia: A Literature Review

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ABSTRACT

Acute Lymphoblastic Leukemia (ALL) is the most common childhood cancer, and ALL is the leading cause of death in children. Chronic diseases, one of which is cancer suffered by children, can provide varied responses to families. Caring for children with cancer requires a very long and complex process, so it requires good coordination between children, parents, families and the health team. The purpose of this literature review is to obtain in-depth information on the experiences of parents in caring for children with cancer. The method of writing this article is a literature review of 40 articles with the year 2019-2021 published from an electronic database, namely CINAHL, Web of Science, SAGE and Proquest. The method of searching and selecting articles used The Center for Review and Dissemination and the Joanna Briggs Institute Guideline and PRISMA diagram. Checklist with selection criteria using the PICOS approach. The results of a literature review show that while caring for children with cancer, parents experience stress, anxiety about losing a child, uncertainty in child treatment, difficulties in caring for children and family responsibilities. Support in the form of psychosocial, material, and social support is needed for the family. The declining health condition of children is the biggest obstacle for parents, material needs are needed to support the care of children suffering from cancer, and there is hope from parents for their child's recovery.

Kata kunci:

Anak
Kanker
Leukemia Limfoblastik Akut
Pengalaman Orang tua

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ABSTRAK

Leukemia Limfoblastik Akut (LLA) adalah kanker anak yang paling umum, dan LLA adalah penyebab utama kematian pada anak-anak. Penyakit kronis salah satunya kanker yang diderita anak dapat memberikan respon yang bervariasi pada keluarga. Merawat anak penderita kanker membutuhkan proses yang sangat panjang dan kompleks, sehingga membutuhkan koordinasi yang baik antara anak, orang tua, keluarga dan tim kesehatan. Tujuan dari literature review ini adalah untuk mendapatkan informasi yang mendalam tentang pengalaman orang tua dalam merawat anak penderita kanker. Metode penulisan artikel ini adalah literature review sebanyak 40 artikel dengan tahun 2019-2021 yang diterbitkan dari database elektronik yaitu CINAHL, Web of Science, SAGE dan Proquest. Metode pencarian dan pemilihan artikel menggunakan The Center for Review and Dissemination dan Joanna Briggs Institute Guideline dan diagram PRISMA. Checklist dengan kriteria seleksi menggunakan pendekatan PICOS. Hasil studi pustaka menunjukkan bahwa selama mengasuh anak penderita kanker, orang tua mengalami stres, kecemasan kehilangan anak, ketidakpastian dalam perawatan anak, kesulitan dalam mengasuh anak dan tanggung jawab keluarga. Dukungan berupa psikososial, materil, dan sosial. dukungan diperlukan untuk keluarga. Kondisi kesehatan anak yang menurun menjadi kendala terbesar bagi orang tua, kebutuhan materi yang diperlukan untuk mendukung perawatan anak penderita kanker, dan ada harapan dari orang tua untuk kesembuhan anaknya.

INTRODUCTION

The world's children's health is currently threatened by the deadly illness of cancer. The World Health Organization (WHO) estimates that there are 6.25 million cancer patients worldwide each year; 250 000 of them are youngsters, or 4%. Anyone, regardless of age, including toddlers, teenagers, and adults, can develop cancer. Additionally, 100,000 more youngsters in Indonesia now have cancer than previously. Data on child cancer in Jakarta range from 19,000 to 14 million cases, with an 8.2 million case death rate (Nahata et al., 2019).

In this scenario, families' reactions to a child's cancer can vary and are impacted by the experience. The psychological reactions parents may go through as a result of their child's cancer are highly essential to examine since they may have an impact on other family members as well as the child's psychology. The belief in sickness will depend on the family's beliefs and the ancestors' ethnic or cultural heritage. Each case has a unique issue, which may be influenced by the cultural, religious, and ethnic backgrounds of the parties involved and the fact that each family has a different health management system (Lambert et al., 2021).

Financial issues, sibling rivalry for attention, parental focus on other children or family members, and the capacity to handle critical stages in the child's development all affect all families, whether or not they have children with leukaemia. Other family members have a significant burden on those whose children have leukaemia. Parents may even wish to replace and carry the illness their children suffered and feel terrible and accountable for what happened to them. For their welfare and efforts to heal and care for their children, parents need the assistance and support of all parties involved. Some parents may experience worry since there are so many requirements to be known in identifying and comprehending the challenges faced by parents of children with leukaemia (Bouffet et al., 2020).

Parents caring for children with blood cancer or leukaemia frequently experience psychological discomfort, including emotions of anxiety and depression (56%), guilt, fear, concern, sadness, and depression, which last for about five years before returning to normal. Through qualitative research, the experiences of parents who care for children with cancer can be analysed. To help and support patients and their families, nurses employ the qualitative method, which strives to gather comprehensive, detailed, in-depth information and comprehend what parents are going through (SINAGA, 2017). Failure of the treatment was caused by several causes, including economic and educational problems. Parents' stress levels, lack of awareness about treatment side effects and how to manage them, and lack of childcare experience can all affect their capacity to care for children with cancer. To achieve this goal, it is crucial to have access to information on the experience of caring for others and the need for information based on parents' perceptions.

METHOD

Research Design

The purpose of this study was to analyse previous studies on how families cared for children with leukaemia.

Inclusion and Exclusion Criteria

Cross-sectional research, mixed techniques, quasi-experimental designs, clinical trials or randomised controlled trials, systematic reviews, or literature are some study designs that can be used to determine the criteria for an article search strategy in a journal.

Eligibility *criteria*

Use the PICOS framework (Population, Intervention, Comparison, Outcome, Study type), which is also adjusted to the inclusion and exclusion criteria (table 1) below, to determine the criteria for an article search strategy.

Table 1. Inclusion and Exclusion criteria in PICOS

Criteria	Inclusion	Exclusion
Population	Child (age 1-17 years)	Teenager, Adult
Intervention	There is no intervention	There is no criteria exclusion
Comparison	There is no comparison	There is no criteria exclusion
Outcome	Family experiences in caring of children with leukaemia	No family experiences in caring of children with leukaemia
Study type	Qualitative study	Cross-sectional study, mixed method, quasi-experimental design, clinical trial or randomized controlled trial, Systematic or literature reviews

Article Search

By employing Boolean operators, the terms to be used in the literature search are first determined (AND, OR NOT or AND NOT). The keywords used in this literature review have been modified to match the Medical Subject Heading (MeSH) for leukaemia or acute lymphoblastic leukaemia AND child OR children AND experience OR family OR parent experience. Scopus, CINAHL, Web of Science, SAGE, and Proquest were the databases utilised for the literature search. The databases were searched for English publications for the last five years, from 2016 to 2021, and 170 records were found. After the records were filtered to remove duplicates, 153 records were found. Using eligibility criteria to screen archives and a PICOS framework-based article search method that is also tailored to the inclusion and exclusion criteria (table 1), 81 records were found. Only 17 out of a total of 14 full-text publications that were evaluated for eligibility in the qualitative study matched the criteria. A narrative will be used to present the outcomes that were collected.

Article Selection

To avoid having duplicate articles, all papers that were collected from different journal databases and pertinent to the subject of the literature review were reviewed. The articles were then chosen based on their suitability for the literature review's title, abstract, and inclusion criteria.

Article Quality Assessment

The methodological quality of the chosen research articles for the literature review was evaluated. The evaluation utilised the Joanna Briggs Institute's Critical Appraisal Tools (CAT) checklist for Analytical Cross-Sectional Studies (JBI). This eight-item checklist is used to evaluate the methodology's quality and the degree to which a study overcomes potential bias. The researchers determined that if an article answered "Yes" to at least six questions, it would be feasible for it to be included in the review process.

RESULTS

The researcher conducted a systematic search for papers through the journal databases, screened the articles, and selected those that matched the requirements for the review using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) standards (13). The four journal databases, Scopus, Cinahl, Web of Science, SAGE, and Proquest Journal were used to gather the articles. Based on the keywords, a total of 170 research publications were discovered. The Reference Manager: EndNote application was then used to screen the articles to remove any duplicate content (n:153).

The titles and abstracts of the publications were evaluated by the researchers to see if they answered the questions from the literature review. 153 duplicate articles and 81 potential articles for additional evaluation were found as a consequence of the filtering process. The researchers were able to narrow down the pool of potential papers to 40 using the screening process. Only 10 papers, however, satisfied the eligibility and viability requirements. Chart 1 illustrates how it works..

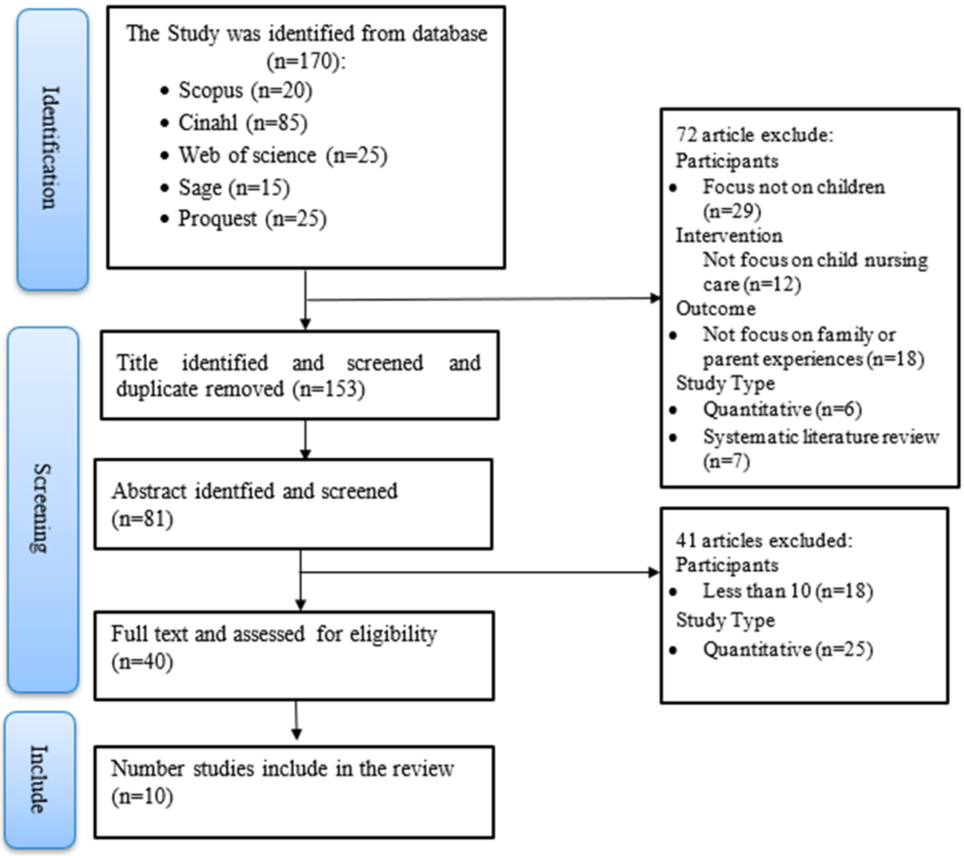

Chart 1. The Process of Reviewing and Analyzing the Articles using PRISMA Diagram

The JBI Critical Appraisal Tools Checklist for Qualitative Research Studies was used by the researchers to assess the articles' quality after they had completed a full-text review. The quality criteria were judged to be met by ten articles. Then, a synthesis procedure was used to draw conclusions from each of the publications that were reviewed (Lockwood C) Table 1 displays the data extraction procedure for each publication.

The studies were all conducted on parents who were taking care of children with leukemia, according to an analysis of ten articles that fit the criteria (Cornelio et al., 2016; Lambert et al., 2021; Pannier et al., 2019; Peikert et al., 2020; Pishkuhi et al., 2018; Raber et al., 2020; Shattnawi et al., 2021; Supriatin & Oktaviani, 2019; Van Schoors, De Paepe, et al., 2019; Verberne et al., 2019).

A qualitative study utilizing interpretative phenomenological analysis (IPA) and four key coping mechanisms—suppressing emotions, seeking support, taking control, and adapting and accepting—could be identified, according to the examination of the publications. This review of the literature also demonstrates that the most pertinent indicators for identifying changes in experience in this patient population are family decision making, loss/grieving process experienced by the caregiver, ability of the caregiver to overcome obstacles, and physiological needs for feeling safe and comfortable.

Patient Characteristics

The age and medical problems of respondents were recognized as characteristics in this review. Although there are variations in how the age of the family (parents) and the children is classified, all reviews in this body of literature employ families (parents) that have pediatric leukemia patients as the subject of research. research carried out by (Shattnawi et al., 2021) parents using age > 20 years. Research (Lambert et al., 2021; Pannier et al., 2019; Peikert et al., 2020; Pishkuhi et al., 2018; Van Schoors, De Paepe, et al., 2019; Verberne et al., 2019) parents in the age spectrum 33-52 year. While the study's age range for children with leukaemia (Pannier et al., 2019) is 7 years of age, research (Cornelio et al., 2016; Lambert et al., 2021; Pannier et al., 2019; Pishkuhi et al., 2018; Raber et al., 2020; Supriatin & Oktaviani, 2019; Van Schoors, De Paepe, et al., 2019; Verberne et al., 2019) using studies from using and the age range of 1–17 years (Shattnawi et al., 2021) Aged 18 years.

Table 1. Evaluation and Extraction of Review Articles

Researcher	Research Design	Characteristic of Participants	Factors	Results	Strength and Limitations	Others Information
Shattnawi., et all., 2021	A descriptive phenomenological approach	Jordanian mothers (older than 20 years old) of living children (younger than 18 years) diagnosed with cancer	Patient demographic characteristics	Eleven Jordanian moms (older than 20 years) of cancer-diagnosed children under the age of 18 took part in this study (Table 2). The average age of the mothers was 34, and the average age of the cancer-stricken child was 6. Six of the kids were boys and five were girls. Following data analysis, three key themes (Table 3) were identified: (1) Emotional reaction to learning of the diagnosis, (2) Fear of the dreaded disease, and (3) Challenges of the treatment process	Strenght: - Limitation: Like previous qualitative research, this one has a tiny sample size The goal of this study was to examine the distinctive experiences of Jordanian moms of cancer patients. As a result, conclusions from this study cannot be broadly applied.	The mothers who participated in the current study thought that cancer was a fatal illness with no cure. Additionally, moms face a number of difficulties, such as a financial load, shifting responsibilities within the family, and a sense of social isolation. The wellbeing of Jordanian moms and their children will be greatly improved by attending to the needs and worries of these mothers
Peikert et al., 2020	A qualitative	Forty-nine parents (59% female) of 31 cancer survivors (aged 0–17 at diagnosis of leukaemia or central nervous system tumour) were interviewed approximately 16–24 months after the end of intensive cancer treatment (eg, chemotherapy).	Sociodemographic data Medical data (paediatric cancer patient)	During treatment, more than 70% of parents reported difficulties reconciling paid work, household and family responsibilities and caring for the ill child. Many parents did not have enough energy to pursue hobbies during treatment. However, over the long term, being faced with the child′s disease also led to strengthened relationships, new priorities, improved communication, and increased mutual trust and greater appreciation for daily life.	Strength: We interviewed parents of childhood cancer survivors throughout Germany and reached an adequate sample size, including both the mother′s and the father′s perspectives Limitation: A selection bias, especially in regards to the level of education, employment status, relationship status, mental stability and sufficient German language skills, cannot be ruled out, since the consecutive sampling did not allow for a non-responder analysis It is possible that the retrospective design of the study affected the parental report of their experiences during their child′s cancer treatment.	Even though the majority of parents were able to adjust to their new "normality," returning to normalcy following paediatric cancer treatment is still challenging. Professional psychosocial support could help families with the reintegration process. Lastly, clinical staff (eg, physicians, psychologists, social workers) should bear in mind that the burden of parents does not automatically end with the end of intensive cancer treatment
Lambert et	Qualitative exploratory	ALL survivors (n = 12), 75% girls,	Factors that contributed	Of the 12 patients recruited, three were	Strength:	Future studies should further

al., 2021	study	7.9 to 14.7 years old, within six months to five years of treatment, were recruited to participate in the proposed study, along with a parent. The 16-week group program included 40 potential home-based physical activities, with monthly progression, supervised by a kinesiologist, through an online telerehabilitation platform	to the high satisfaction identified in this study Pairing, grouping, and supervision also positively influenced participants′ experience once they chose to enrol in the program	excluded from the analysis because they did not complete the minimum 12 weeks of intervention (one = relapse, one = failure to meet technical requirements, and one = abandoned due to parent′ s disinterest). The nine patients who completed the program (six girls; 10.93 ± 2.83 years) had a mean adherence of 89%. The overarching themes identified were the program modalities (group approach with patient–parent paired training, supervised by a kinesiologist), the telerehabilitation system, the participant′ s perception of the benefits, and recommendations and suggestions from the families	The current study used a hybrid approach (i.e., not all interactions with the kinesiologist were done remotely) that may have allowed the therapeutic relationship with the participants to develop, but it is impossible to infer whether this would be better than other telerehabilitation approaches, such as conducting all activities online Limitation: The main limitation of this study was the small sample size: Results from nine parent–patient pairs cannot be generalized to the entire population of early survivors of ALL Interviews were conducted only with participants who completed the program, and their perspectives may differ from participants excluded prior to intervention completion	explore the impact of personal and family factors on adherence to telerehabilitation, in order to address challenges and promote participation in such programs.
Raber et al., 2020	This observational and qualitative study recruited a convenient	The participants were: sample of 11 parent-CCS dyads	Patient demographic characteristics	Analyses revealed four major categories of meal values. Efforts, including time and difficulty, as well as budget, healthfulness, and family preferences emerged as recurrent values impacting meal preparation. These values were impacted by the cancer experience upon diagnosis, during treatment, and into survivorship	Strength: This study qualitatively explores family meal values and behaviours in a sample of CCS parent-child dyads Limitation: The research areas are limited	A better understanding of CCS family meal planning values, the impact of the cancer experience on these values, and the inclusion of CCS in food preparation reveals potential intervention targets, facilitators, and barriers for future interventions to improve dietary behaviours among CCS
Pannier et al., 2019	Qualitative	The participants were: Patients aged 7 or older (N= 13) and at least one parent (N= 23 for 20 total patients) were surveyed and completed assessments at	Parent preferences and experiences with receiving a survivorship care plan Patient experiences with	Satisfaction with the survivorship plan (SCP) is generally high. Some parents said that SCP should be given immediately after treatment. Having SCP can help them make decisions about future health care	Strength: Parental proxy assent was obtained for participants ages 7–17 years This study was approved by the Institutional Review Board of the University of Utah	Pediatric oncology patients and families feel SCPs are useful and will help them make decisions about health care in the future

		enrollment (Time 1, T1 SCP delivery (Time 2, T2), and follow-up (Time 3, T3)(retention 90.9%)	receiving a survivorship care plan			
Verberne et al., 2019	An interpretative qualitative study using thematic analysis was performed	The participants were: Single or repeated interviews were undertaken with 42 parents of 24 children with malignant or non-malignant diseases receiving palliative care	Four main coping strategies could be determined : (1) suppressing emotions; (2) seeking support; (3) taking control; and (4) adapting and accepting	Prominent reported parental experiences were daily anxiety of child loss, confrontation with loss and related grief, ambiguity towards uncertainty, preservation of a meaningful relationship with their child, tension regarding end-of-life decisions and engagement with professionals. Four closely related coping strategies were identified: suppressing emotions by keeping the loss of their child at bay, seeking support, taking control to arrange optimal childcare and adapting to and accepting the ongoing change	Strength: PPCT referrals thus provided access to families of children with a variety of diseases These families were in the best position to maximally inform us about our focus of interest	At the same time, parents work towards new normality and gradually take control to arrange the best care for their child and family Some parents manage this process well, while for other parents, this process is a major burden and they need adequate support from HCPs. In order to provide support and guidance geared towards specific families from the start of the disease trajectory, HCPs need to understand parents' anxiety, grief, relationship with their child and coping strategies
Supriatin & Oktaviani, 2019	This study used a descriptive phenomenology design and was qualitative	The participants were: Five individuals participated in this study using Colaizzi's analytical method. .	The need for comfort and safety as well as physiological requirements The caregiver's experience with loss and grief The caregiver's capacity to go over challenges Making choices as a	The study's findings revealed four key themes: the caregiver's loss process, overcoming hurdles, physiological demands for comfort and safety, and family decision-making	Strength: Data analysis in this study used Colaizzi's technique which was developed in 1978 and began with collecting data and making transcripts based on the interview and then reading the transcript repeatedly to find the keywords from participant statement Ethical aspects in this study were confidential, fair/did not discriminate, and did not harm any party Limitation: The research area is	The family who also being a caregiver for their children expected to increase their knowledge about cancer and health care provider are required to be capable enough to delivered health education about cancer

			family.		limited The interview must be stopped if the participants cannot join the interview until the end and do the contract for next meeting to continue the interview	
Pishkuhi et al., 2018	Qualitative	13 parents with an average age of 33.2 were used to choose participants, and sampling continued until data saturation.	a family with a child with cancer under the age of 15 There should only be one cancerous child in each household, and none of the other members should also have the disease. The ill child shouldn't have any other known chronic illnesses besides cancer (based on taking a history of the parents and a medical record of the patient)	The extracted content is divided into eight main subheadings, which cover topics such as parents' fear of their children dying, parents' inability to respond to their children's questions, parents' inability to behave appropriately when confronting them when they are angry, parents' suffering from treatment side effects in their children, the stress of the family's financial, social, and psychological burden, a lack of time, the effects of spiritual support, and more.	Strength: Regarding the results of our study, we used the peer debriefing technique and the advice of two specialists. Limitation: The research area is limited Consequently, it is essential that the field of health policy take into account the findings of this study.	It seems essential that the findings of this study be taken into consideration by the nation's health policymakers due to the seriousness of this experiment's impact on parents' lives and due to the sensitivity of this subject.
Cornelio et al., 2016	It was conducted using a qualitative method and a phenomenological design.	Ten mothers' data were gathered. To get comprehensive data from moms of children with leukaemia	Patient demographic characteristics The crucial period of life Being in the presence of a very unwell child Having to	Themes include the crucial moment in life, the experience of caring for a seriously ill child, having to maintain distance from family members, overcoming financial and social obligations, responding to difficulties, the realization that faith is essential for survival, present and future health concerns, and optimism	Strength: The objective experiences of moms of children with leukaemia were examined in the present study using a phenomenological method. Understanding these experiences enables the nurses to provide a kid with leukaemia with holistic care. In addition to focusing on the child's physical comfort, they	The main financial burden that moms of children with pediatric leukaemia experience are connected to the cost of treatment and follow-up.

			maintain isolation from the family and society Getting out of financial trouble Knowing that religion is essential to survive		must also take into account the needs of the mother and other facets of the child's personality. Limitations: Because the study was only conducted in one location, its results cannot be applied to the entire population	
Van Schoors et al., 2019	Qualitative	Participants included siblings of leukaemia patients (n=10) who are Caucasian and between the ages of ten and sixteen.	Patient features, demographic Communication is crucial.	According to the findings, siblings generally experienced continuity in many aspects of family life. They continued to view their family as a significant source of support, information, and communication, as well as a source of warmth and affection and a place where family members can turn to when they need to be protected	Strength: study that is interpretative phenomenological and qualitative (IPA) Limitation: The age range of the research samples is 10 to 16 years alone. Due to the design's retrospective and cross-sectional nature, it is only possible to recall the amount to which people shared their experiences.	There is evidence that each family and each sibling are distinct, according to doctors who treat families whose children have cancer.

DISCUSSION

According to the findings of research on parents', kids', and families' experiences caring for children with cancer or leukaemia, there is stress felt by families as well as feelings of despair, panic, disappointment, and confusion over their child's illness.(Lambert et al., 2021).

Four more motifs, or emotional responses, were also identified. 1) "I feel upset to learn that my child has leukaemia today; I'm not sure how I feel" (P1). Sadly, I can't believe that yes (Craig E, Ke Yan, Liyun Z, Kristin B, Katryn E, 2020). because they are symptom-free (P2). "Yes, I'm upset (bowing to the ground), why is my child ill like this?" (P3). 2) Therapy mindset: "Just go through the treatment process, following the prescribed treatment schedule" (P1). "Every day we have to drink juice and watch what we eat, we have to put our trust in the treatment process" (P2). For the time being, my child is no longer vomiting and has begun to get some relief from joint pain (P3). 3) Support received: "My family's support is what keeps me motivated and shouldn't give up" (P1). "What type of assistance is it I'm glad to say that because I didn't personally experience it, but be patient (P2). Yes, support is necessary, especially from my family and those who share my predicament. And that is incredibly useful. (P3). 4) Effect of Illness: "Because we are so sick, we have to put off having a younger sibling. This is the first child. I'm worried that it won't be resolved later (P1). Because we are struggling financially to pay for the therapy and other necessities, brother, we look for ways to commit crimes more quickly. This is why his father was sent to prison (P2). "Yes, I was affected by it. I am unable to leave because I am unable to eat. Every time, there is a feeling of worry and trepidation. (Chivukula et al., 2018).

Families will have a difficult time accepting and adjusting to children with leukaemia, especially moms. The mother and family struggle to deal with pressure over the course of therapy, the high costs, and uncertainty around their child's future in addition to adjusting to the child's illness. Therefore, it requires assistance from multiple parties to inspire and offer psychological support to families of children with leukaemia (Kyololo et al., 2019).

According to other research findings from interviews to determine the experience of parents in caring for children with leukaemia, there are eight main themes, including 1) parental worries about the child's death, 2) the inability of parents to respond to children's questions, 3) the inability of parents to handle child aggression, 4) parental discomfort and suffering due to treatment complications, 5) economic, social, and psychological difficulties with the family, and 6) parental discomfort with the disease. 6) Lack of parental involvement, 7) Spiritual despondency, and 8) Impact on the relationships between parents (Pishkuhi et al., 2018).

Many parents express extreme displeasure with their child's progress, and some believe the sickness is fatal and are highly worried. "At first, I didn't think my kid had cancer at all, but as he got worse, I started to worry about losing him, and I can't sleep at night because of these fears and thoughts... I have pleaded with God time and time again for death, not him. (Pishkuhi et al., 2018), Chemotherapy is the treatment component that causes patients the most discomfort, according to numerous research. These studies demonstrate that chemotherapy, a harsh and vigorous treatment, results in undesired side effects including lowered quality of life and impaired parent and child function. From a parent's perspective, the most difficult experiences during the treatment phase include issues with pain, hair loss, exhaustion, dyspnea, and anorexia. Consequently, proper measures must be taken to minimize treatment problems (Pishkuhi et al., 2018).

Mothers discuss the numerous adaptations and lifestyle modifications needed to cope with having leukemic children. Mothers expressed worry about having to care for a sick child while not knowing what the future held for them. "Since daughter was unwell, I have never attended anyone's invites to family celebrations and other social occasions," the mother said in expressing her concerns. I was constrained by the worry that anything might go wrong at home while I was gone. I won't go because of this" (Cornelio et al., 2016).

Family is a significant source of support for the majority of siblings, both before and throughout therapy. We support one another constantly. We occasionally actually depend on one another. Additionally, the majority of siblings appear to experience a closer bond with one another. They feel like they can rely on one another in their family and that other family members are willing to listen to their worries, feelings, and experiences (Van Schoors, De Mol, et al., 2019).

CONCLUSION

Children with leukaemia require a lot of care, and mothers and families play a significant part in that. Always take the youngster to the hospital or other medical facility for checkups. To support and enhance the degree of health of their children, women also require help from their relatives, the environment, and medical professionals. Children with leukaemia need a lot of care, and mothers and families play a significant part in that. Always take the youngster to the hospital or other medical facility for checkups. To support and improve the health status of their children, women also require help from their relatives, the environment, and medical professionals. According to the study, chronic illnesses like childhood leukaemia have an adverse effect on both. -the mother, who is the child's primary caretaker and the child. The welfare of other family members may suffer due to children becoming the centre of attention in the home. The costs associated with treatment and maintenance are the most significant burden on mothers of children with childhood leukaemia.

CONFLICT OF INTEREST

The author declared there was no conflict of interest regarding the publication of this article.

ETHICAL APPROVAL

Not applicable

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